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FEC FORM 1	STATEMENT OF ORGANIZATION		Office Use Only		
1. NAME OF		(Check if name	Example: If typing, type	12FE4M5	Office Ose Offiy
COMMITTEE (in		is changed)	over the lines.	12121113	
Friends of	Patrici	< Murphy			
ADDRESS (number and street)		4521 PGA Blvd. #412			
(Check if address is changed)		Palm Beach Gardens		FL 3	3418 
		(	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide only one e- Aimee@PatrickMurphy2012			
COMMITTEE'S WEB  (Check if is changed	address	RESS (URL) http://www.murphyforcongre	ss.us		
2. DATE 02	2 13	2012			
3. FEC IDENTIFIC	CATION NU	MBER C CC	00493825		
4. IS THIS STATEM	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have a	of Treasurer	Patrick Murphy	of my knowledge and belief	it is true, correct a	nd complete.
Signature of Treasure	Patrick M er	чигрпу	[Electronically Filed]	Date 02	13 2012
NOTE: Submission of			may subject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)